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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted with **OR**  
Initial Filing

☐ Declaration  
Submitted after Initial  
Filing (surcharge (37  
CFR 1.16 (e)) required

Attorney Docket Number 881987.0003

First Named Inventor Gregory Swab

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EYEWEAR WITH EXCHANGEABLE TEMPLES HOUSING BLUETOOTH ENABLED APPARATUS

*(Title of the Invention)*

The specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

As United States Application Number of PCT  
International

Application Number and was amended on (MM/DD/YY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to. <input type="checkbox"/>		Customer Number <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Donna L. Angotti</b>					
Address <b>Schulte Roth &amp; Zabel</b> <b>919 Third Avenue</b>					
City <b>New York</b>		State <b>New York</b>		ZIP <b>10022</b>	
Country <b>U.S.A.</b>		Telephone <b>212-756-2488</b>		Fax <b>212-593-5955</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) <b>Gregory</b>			Family Name or Surname <b>Swab</b>		
Inventor's Signature <i>Shawn A. Swab</i>			Date <b>4/30/2001</b>		
Residence: <b>Tulsa</b>		State <b>Oklahoma</b>		Country <b>U.S.A.</b>	
Citizenship <b>U.S.A.</b>					
Mailing Address <b>2448 South Saint Lewis</b>					
City <b>Tulsa</b>		State <b>Oklahoma</b>		ZIP <b>74104</b>	
Country <b>U.S.A.</b>					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) <b>James E.</b>			Family Name or Surname <b>Malackowski</b>		
Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

{Page 2 of 2}

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Gregory Swab
Title	EYEWEAR WITH EXCHANGEABLE TE
Group Art Unit	
Examiner Name	
Attorney Docket Number	881987-0003

I hereby appoint:

☐ Practitioners at Customer Number Place Customer  
Number Bar Code  
Label here☒ Practitioner(s) named below:

Name	Registration Number
Joel E. Lutzker	29,406
Leonard Sorgi	33,211
Donna L. Angotti	32,679
Todd Sicklinger	47,087

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number Place Customer  
Number Bar Code  
Label here☒ Firm or  
Individual Name

SCHULTE, ROTH &amp; ZABEL, LLP

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State New York Zip 10022

Country U.S.A.

Telephone 212-756-2000

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I am the.

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Gregory Swab

Signature *Gregory Swab*

Date 4/30/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/81 (02-01)

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Application Number	
Filing Date	
First Named Inventor	Gregory Swab
Title	EYEWEAR WITH EXCHANGEABLE TEI
Group Art Unit	
Examiner Name	
Attorney Docket Number	881987-0003

I hereby appoint:

☐ Practitioners at Customer Number  → 

Place Customer  
Number Bar Code  
Label here

OR  
☒ Practitioner(s) named below:

Name	Registration Number
Mayankkumar Dixit	44,064
Richard Chern	44,610
Anna Vishev	45,018

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Gregory Swab
Signature	<i>Gregory Swab</i>
Date	4/30/2001

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